

poisonings due to clams have occurred less frequently. Some individuals use the whole clam in making chowder. Under such conditions the danger is just as great as is that in poisonous mussels. If the intestines were always removed from clams the danger of contracting poisoning from this shellfish would be lessened greatly.

In spite of intensive investigations, made from every possible angle, knowledge relative to the causes of this temporary appearance of a strong poison in Pacific Coast shellfish is still incomplete. It is certain that mussels and clams are valuable foods, especially to people who live along the coast. There should be no fear in the eating of these shellfish, provided that the general public is well informed relative to certain dangers connected with these shellfish at certain seasons of the year. A more widespread campaign of education should be undertaken not only in newspapers but by means of outdoor signs, pamphlets, cook books, public school instruction, and by means of other avenues of publicity and information. Everyone who uses shellfish should know how to prepare them properly for eating; they should use bicarbonate of soda, as prescribed, in cooking mussels; and they should always discard the intestines and clean clams before eating them. Furthermore, they should always respect a quarantine measure which may be established, with full assurance that it is a necessity for the protection of human life. If these procedures were followed consistently the danger of shellfish poisonings on the Pacific Coast could be greatly reduced, if not entirely eliminated.

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Don'ts in Hemorrhoidal Injections.—With the present trend on the part of many physicians to treat hemorrhoids by the injection method, a few salient don'ts are set down with the hope that they may prove a help in avoiding trouble which some are encountering.

1. Don't inject hemorrhoids without being absolutely positive as to the entire anorectal pathology; a cancer or some other serious trouble may be present as the cause or a concomitant cause of the symptoms about to be treated as hemorrhoids.

2. Don't use solutions for hemorrhoids which are used for sclerosing varicose veins; they will cause trouble. Conversely, solutions used for hemorrhoids are not amenable for varicose veins.

3. Don't use mineral oil as a diluent for phenol; it will likely cause tumor masses. Vegetable or animal oils should be used.

4. Don't inject the usual amount of any solution the first time; the patient may have an idiosyncrasy for that particular drug.

5. Don't inject external hemorrhoids; they are not amenable to this form of treatment.

6. Don't inject the so-called sentinel piles or skin tags; they must be surgically removed.

7. Don't inject external thrombosed hemorrhoids; they must be opened and the clot evacuated.

8. Don't inject hypertrophied papillae mistaken for hemorrhoids; surgical removal is indicated here.

9. Don't, to sum up the preceding four points, inject anything below the mucocutaneous or ano-rectal line; it will give pain and bring no results.

10. Don't inject edematous prolapsing hemorrhoids; a greater prolapse will be brought about. An injection high up, with a reduction of the mass, may bring results.

11. Don't inject too superficially; it may cause sloughing.

12. Don't inject too deeply; the hemorrhoidal plexus is in the submucosa; injection deeper than this is largely lost.

13. Don't reinject the same location too soon; it takes three to four weeks for the proper amount of a rightly placed solution to do its work.

14. Don't reinject at any time before palpating the region. If it is hard or indurated, wait until this has entirely subsided; it may not then need more.

15. Don't transfix your area of injection, a thing easily done; your solution is thus lost and your labor of no avail.

16. Don't inject if the solution enters only under marked pressure; it is an indication that you are in the wrong place, and will give trouble.

17. Don't continue with an injection that is giving marked pain; it is nature's warning of danger ahead.

18. Don't, by any means, reinject if the speculum shows that a slough has occurred, a condition that rarely if ever occurs with the proper technique.

19. Don't stop treatment until a complete cure has been brought about or a return will result. On the other hand, do not continue injections after sclerosis has been secured or a new trouble may arise.

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Syphilis of Eighth Nerve.—According to Garrott, syphilis of the eighth nerve occurs in two chief forms, *neurolabyrinthitis syphilitica*, or early auditory syphilis, and *labyrinthitis syphilitica tarda*, or late auditory syphilis. *Neurolabyrinthitis syphilitica* responds favorably to treatment in the majority of cases; *labyrinthitis syphilitica tarda* does not always respond as favorably in as many cases, but many of the cases are checked or stopped in their progress. The author believes that syphilis of the eighth nerve or its branches is more common than the diagnostic records of most otologists would indicate. If diminished bone conduction is just ground for suspicion of syphilis of the eighth nerve and its branches, and if it is an early manifestation of nervous system syphilis, otologists should be more alert and watch for it more carefully. Though one may not relieve all the auditory symptoms, one is obliged to recognize the systemic nature of the infection and coöperate with competent serologists in the treatment of it. By the same token, the serologist and the general practitioner should remember the possibility of eighth nerve involvement and consult the otologist. And he should attempt to outline his treatment according to the degree of involvement as determined by the otologist.—*Tennessee State Medical Association Journal*.